Continuing Care Retirement Community
Disclosure Statement
General Information

Date Prepared: _____

FACILITY NAME: _____
ADDRESS: _____ ZIP CODE: _____ PHONE: _____
PROVIDER NAME: _____ FACILITY OPERATOR: _____
RELATED FACILITIES: _____ RELIGIOUS AFFILIATION: _____
YEAR OPENED: _____ NO. OF ACRES: ____ MULTI-STORY: ___ SINGLE STORY: ___ BOTH: ___
MILES TO SHOPPING CTR: _____ MILES TO HOSPITAL: _____

NUMBER OF UNITS:

INDEPENDENT LIVING

APARTMENTS - STUDIO _____
APARTMENTS – 1 BDRM _____
APARTMENTS – 2 BDRM _____
COTTAGES/HOUSES _____
% OCCUPANCY AT YEAR END _____

HEALTH CARE

ASSISTED LIVING _____
SKILLED NURSING _____
SPECIAL CARE _____
DESCRIBE SPECIAL CARE: _____

TYPE OF OWNERSHIP: ❑ NOT FOR PROFIT ❑ FOR PROFIT ACCREDITED: ❑ Y ❑ N BY: _____

FORM OF CONTRACT: ❑ LIFE CARE ❑ CONTINUING CARE ❑ FEE FOR SERVICE
❑ ASSIGN ASSETS ❑ EQUITY ❑ ENTRY FEE ❑ RENTAL

REFUND PROVISIONS (Check all that apply): ❑90% ❑75% ❑50% ❑PRORATED TO 0% ❑OTHER: _____

RANGE OF ENTRANCE FEES: $_____ TO $_____ **LONG-TERM CARE INSURANCE REQUIRED?** ❑Y ❑N

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: _____

ENTRY REQUIREMENTS: MIN. AGE: ___ PRIOR PROFESSION: _____ OTHER: _____

FACILITY SERVICES AND AMENITIES

COMMON AREA AMENITIES	AVAILABLE	FEE FOR SERVICE
BEAUTY/BARBER SHOP	❑	❑
BILLIARD ROOM	❑	❑
BOWLING GREEN	❑	❑
CARD ROOMS	❑	❑
CHAPEL	❑	❑
COFFEE SHOP	❑	❑
CRAFT ROOMS	❑	❑
EXERCISE ROOM	❑	❑
GOLF COURSE ACCESS	❑	❑
LIBRARY	❑	❑
PUTTING GREEN	❑	❑
SHUFFLEBOARD	❑	❑
SPA	❑	❑
SWIMMING POOL-INDOOR	❑	❑
SWIMMING POOL-OUTDOOR	❑	❑
TENNIS COURT	❑	❑
WORKSHOP	❑	❑
OTHER_____	❑	❑

SERVICES AVAILABLE	INCLUDED IN FEE	FOR EXTRA CHARGE
HOUSEKEEPING TIMES/MONTH	_____	_____
NUMBER OF MEALS/DAY	_____	_____
SPECIAL DIETS AVAILABLE	_____	_____
24-HOUR EMERGENCY RESPONSE	❑	❑
ACTIVITIES PROGRAM	❑	❑
ALL UTILITIES EXCEPT PHONE	❑	❑
APARTMENT MAINTENANCE	❑	❑
CABLE TV	❑	❑
LINENS FURNISHED	❑	❑
LINENS LAUNDERED	❑	❑
MEDICATION MANAGEMENT	❑	❑
NURSING/WELLNESS CLINIC	❑	❑
PERSONAL NURSING/HOME CARE	❑	❑
TRANSPORTATION-PERSONAL	❑	❑
TRANSPORTATION-PREARRANGED	❑	❑
OTHER_____	❑	❑
	❑	❑

All providers are required by Health and Safety Code section 1789.1 to provide this report to prospective residents before executing a deposit agreement or continuing care contract, or receiving any payment. Many communities are part of multi-facility operations which may influence financial reporting. Consumers are encouraged to ask questions of the continuing care retirement community that they are considering and to seek advice from professional advisors.

PROVIDER NAME: _____

CCRCs	LOCATION (City, State)	PHONE (with area code)
MULTI-LEVEL RETIREMENT COMMUNITIES		
FREE-STANDING SKILLED NURSING		
SUBSIDIZED SENIOR HOUSING		

* PLEASE INDICATE IF THE FACILITY IS LIFE CARE.

PROVIDER NAME: _____

	2004	2005	2006	2007
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (excluding amortization of entrance fee income)				
LESS OPERATING EXPENSES (excluding depreciation, amortization, & interest)				
NET INCOME FROM OPERATIONS				
LESS INTEREST EXPENSE				
PLUS CONTRIBUTIONS				
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)				
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION				
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)				

DESCRIPTION OF SECURED DEBT AS OF MOST RECENT FISCAL YEAR END

LENDER	OUTSTANDING BALANCE	INTEREST RATE	DATE OF ORIGINATION	DATE OF MATURITY	AMORTIZATION PERIOD

FINANCIAL RATIOS (see next page for ratio formulas)

	2005 CCAC Medians 50th Percentile *(optional)*	2005	2006	2007
DEBT TO ASSET RATIO				
OPERATING RATIO				
DEBT SERVICE COVERAGE RATIO				
DAYS CASH-ON-HAND RATIO				

HISTORICAL MONTHLY SERVICE FEES
AVERAGE FEE AND PERCENT CHANGE

	2004	%	2005	%	2006	%	2007
STUDIO							
ONE BEDROOM							
TWO BEDROOM							
COTTAGE/HOUSE							
ASSISTED LIVING							
SKILLED NURSING							
SPECIAL CARE							

COMMENTS FROM PROVIDER: _____

PROVIDER NAME: _____

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{c}\text{Total Operating Expenses} \\ \text{-- Depreciation Expense} \\ \text{-- Amortization Expense}\end{array}}{\begin{array}{c}\text{Total Operating Revenues} \\ \text{-- Amortization of Deferred Revenue}\end{array}}$$

DEBT SERVICE COVERAGE RATIO

$$\frac{\begin{array}{c}\text{Total Excess of Revenues over Expenses} \\ \text{+ Interest, Depreciation,} \\ \text{and Amortization Expenses} \\ \text{-- Amortization of Deferred Revenue} \\ \text{+ Net Proceeds from Entrance Fees}\end{array}}{\text{Annual Debt Service}}$$

DAYS CASH ON HAND RATIO

$$\frac{\begin{array}{c}\text{Unrestricted Current Cash} \\ \text{And Investments} \\ \text{+ Unrestricted Non-Current Cash} \\ \text{and Investments}\end{array}}{\begin{array}{c}\text{(Operating Expenses – Depreciation} \\ \text{- Amortization)/365}\end{array}}$$

Note: These formulas are also used by the Continuing Care Accreditation Commission. For each formula, that organization also publishes annual median figures for certain continuing care retirement communities.